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Jonathan P. Gilliam

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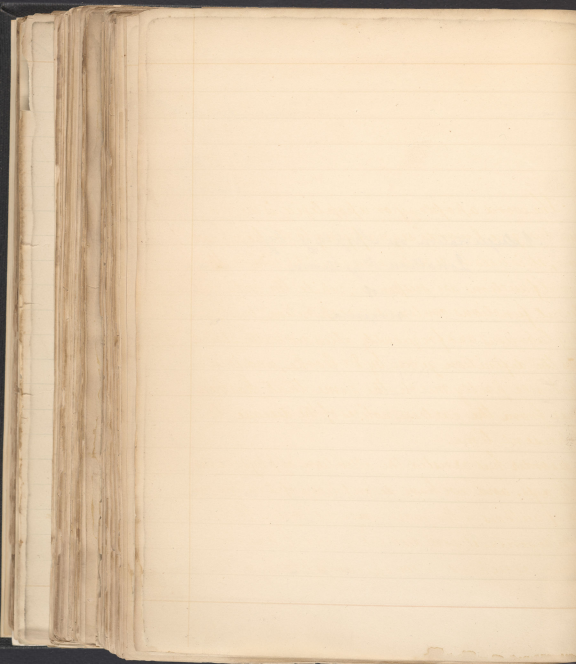
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The word apoplexy or apoplexia is derived from two greek words signifying to strike or knock down, it is used to denote a disease "In which the animal functions are suspended, while the vital and natural functions continue: respiration being generally laborious and frequently attended with stertor." This is the definition given by Dr Cooke, and is in substance pretty much the same that has been in use from the earliest notices of the disease to the present time.

This disorder has arrested the attention of physicians in all ages, and we have descriptions of it in the writings of authors of the most ancient date. Hippocrates describes it very distinctly, and it has, since his time, occupied a conspicuous place in the

principal medical works.

Nosologists have arranged apoplexy differently; Cullen places it as a genus in the class neuroses, or *ordo comata*. Both ancients and moderns have recognised several species of it, but the division is made very different by different writers, and it would require no little hesitation which of them to adopt. Probably in the present state of knowledge of the disease, there is not that clear and distinct foundation for any division that has yet appeared that should characterize them. Of all others that of sanguineous and serous was held in the highest estimation for some time. It has been divided into gastric, and cerebral, and recently into meningeal and cerebral. It appears that most of the divisions have been made from consideration of a single circumstance, as of the cause producing the disease, its degree, post mortem appearances &c. without farther consideration of those distinct

ious Ischal proceeds to speak of the disease without adopting any one of them.

Apoplexy either makes its attack suddenly, without any premonitory symptom, or gradually, accompanied with more or less premonition. In the first form of attack the patient falls down suddenly deprived of sense and motion and has the appearance of a person in a deep sleep.

This was, by the ancients, denominated attoniti syderati. It has been called strong apoplexy, and the appellation sanguineous was given to this form more particularly. The robust, plethorick, and those of a conformation of body that will be presently taken notice of, are most frequently attacked in this way. The face is commonly tumid and red, becoming almost purple; the eyes are described as being prominent and suffused, the cornea dull and glassy, the pupil most generally dilated, but sometimes contracted; the teeth are often clenched together, and deglutition much impeded; the vo-

piration laborious and frequently stertorous; frothy saliva gathering on the lips and blown off with considerable force; the temperature of the body generally above the natural standard; the pulse is regular, slow, full, and hard and the blood presents on resection the inflammatory crust.

When the attack is gradual, it was said to be serous apoplexy, and what is called leucophlegmatic habits were thought to be most obnoxious to it. Some of the following symptoms very often precede an attack of the disease viz. Pain in the head, vertigo, flushing of the face, drowsiness, frequent fits of incubus, parverted vision, trinitus aurium, deep inspirations, faltering when speaking, involuntary contractions of the muscles of the face, and other parts of the body, a peculiar alteration of countenance said to arise from paralysis of some of the muscles of the face, and occasionally there is numbness or paralysis of some of the members. Sometimes the soporose state comes on, then par-

tionally going off, and shortly returning, producing complete apoplexy; and in some cases, the patient sinks by slow degrees into the apoplectic state. Enervated and debilitated subjects, are attacked in this gradual manner, and when the patient is examined, he is generally found with a pale countenance, irregular weak pulse, and with great inequality of the animal temperature.

Dissection. In a great majority of cases shews extravasations of blood, either between the meninges of the brain, on its surface, in its cavities, or in its substance. When in the latter, it is about the more vascular parts, as the plexus choroides, corpora striata &c. The blood is found in a fluid or a coagulated state. Serum is found in the above mentioned places, presenting a variety of appearances; being clear, yellowish, or of a reddish colour, occasionally mixed with blood, insipid, or of a saline taste, and sometimes of a gelatinous consistence. Inflammation and its effects have been seen com-

lined with these various appearances, also lesions of the brain, tumors, either encysted, sarcomatous, or bony. In other instances only an engorged state of the vessels is presented. It is said that the cerebellum is rarely found diseased, and there are instances of non natural appearance showing itself.

On inspection, other parts of the body are found occasionally diseased; polypus and aneurism of the heart and blood vessels are often met with.

The causes of apoplexy are divided into predisposing and exciting, though some appear to be of both kinds.

Predisposing. Persons with a large head, short thick neck, expanded chest, and sanguineous temperament, are particularly liable to this disease and, in as much as this conformation may be inherited, it is so far hereditary. Obesity, plethora an enervated state of body and intemperance, predispose to it, also much excess of the mental

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faculties, translations of gout, suppression of accustomed evacuations, either of health or disease and according to billing a dropsical habit. Persons advanced in life, are more subject to it than those of fewer years. Hippocrates, says apoplexy are chiefly generated between the fortieth and sixtieth year. Cold weather is said to predispose to it, particularly when combined with moisture, but extreme warmth, is a more common cause. We are told that it prevailed epidemically or endemically. C. Latke says that "apoplexy as he was told was at one time so frequent at Rome, that a day of public fasting was ordered, and a particular form of prayer addressed to St. Anthony to arrest so dreadful a calamity, from the holy city." The atmosphere of Rome has been thought very unfavourable to head aches, arising from a tendency to fulness of the head. This peculiarity of the climate has been noticed by La

native author, Alexander De Petronius, who gives it the barbarous name of Capipileum, which few who inhabit Rome escape. He says, it consists in a superabundance of humours in the head, followed by a distillation from the nares and fauces.

Exciting causes are, depending position of the head, exposure of it to a strong heat, an interruption to the free transmission of the venous blood from the head, violent exertion of body, long inspirations, strong emotions of anger, terror, &c. a severe blow on the skull; excessive repletion of the stomach, taking in of stimulating and narcotic substances, and the presence of sordes and irritating matters in the intestines, intemperance in the use of the warm bath &c.

These exciting causes, act by producing either an engorgement of the blood vessels of the brain, extravasation of blood in or on it, and the effusion of serous fluids; in short pretty much the

9
appearances met with on dissection; and, by these several means compression on the brain, which compression is the cause of the disorder we denominate apoplexy. This is the belief of most of the best authorities on the subject, but there are some, who deny that it is produced by compression on the brain, and, even that this organ, is susceptible of compression.

Of the latter suggestion, I shall say nothing, as it is proved to be incorrect.

Cases of apoplexy terminating in death, and on dissection presenting no morbid appearance of the brain; nothing that could give rise to compression of it, was thought to be a sufficient reason for an objection to its being the cause.

Such cases as the above are rare and are satisfactorily explained upon the principle of the disease, being produced by compression, from an engorged state of the vessels of the brain, and the blood receding after death; It is well known

that in analogous congestions; in other parts of the body, that blood frequently leaves the congested vessels, going to some more capacious and depending part after death, being then no longer influenced by vitality, but completely under controul of the laws of hydraulics.

The periodical returns of apoplexy, is held up as an objection to the doctrine of compression, but I cannot see any reason for it; as Undoubtedly, periodical plethora, and hemorrhage can take place in the brain, as it does in other parts of the body.

The fact of effusions and extravasations having been found, without previous apoplexy, only proves that these may take place without producing the disease, not that they are *neve* the cause.

It is well known that compression on the brain will produce all the symptoms of this disease; and I think that the whole of the phenomena prove it so clearly

to be produced by compression, that I shall not take particular notice of any system, that refers it to another cause, though such comes from as high authority as Hieronymus Serres, &c. Compression, as I have before stated, takes place from congestion of the blood vessels, extravasations of blood, or effusion of serum: As the two latter appears most commonly to be the effect of the first and are found coexisting with it, I shall speak principally of that.

There is very great difference of opinion among writers how an accumulation or engorged state of the vessels of the brain takes place. It must necessarily be varied with the exciting cause, and I have accordingly made the following division. 1st An increased determination of blood to the head; 2nd An obstruction to the passage of the venous blood from the head; 3rd And debility of the vital or tonic powers of the blood vessels of the brain. I may be wrong in including the last in this divi-

sion, as it is not established by actual observation.

1st Of increased determination of blood to the brain. If I understand it correctly Abercrombie and others, deny that this ever takes place, they allege that the blood is propelled in every direction by an impulse primarily derived from the heart, and that it has no selective power to distribute a greater relative quantity, or send it with greater force to one part than another. This is true, and would be a sufficient reason for a rejection of the doctrine of determination, if blood could only be taken to the head (or any other part of the body) by vessels going from the heart and influenced by its contractions, but it is shown by Bichat, that the capillaries are in a great degree an independent set of vessels, and that the blood contained in them moves uncontrolled by the heart. These vessels existing throughout the body, and being intimately connected by innumerable anastomoses, blood can be determined

by power of their means ~~are~~ affected by the heart to any part of the body, where there is sufficient irritation. I think it is in this way, that blood is determined to the brain when irritation is induced, directly or sympathetically in it. It is probable by this irritation and consequent determination, that apoplexy &c. act in producing apoplexy, heat applied to the head, also acts in this way, and from the close sympathy existing between the brain, stomach, and intestines, it is probable that some of the causes mentioned as acting on the two last named organs, operates by the sympathetic irritation they produce in the brain.

2nd Obstruction to the passage of the venous blood from the head is sometimes a cause of congestion in the brain; ligatures about the neck compressing the jugulars have this effect; also tumors in the neighbourhood of the veins pressing upon them; Polypus of the right cavities of the heart; or some of the veins,

and an obstruction to the free transmission of the blood through the lungs, and consequently through the right cavities of the heart, promoting the return from the head. Cullen thought this last a common source of apoplexy; he says obesity acts by the compression produced on the blood vessels of many parts of the body, keeping the lungs in a plethorick state, so that upon the least exertion which sends blood faster to the lungs, laborious respiration and an obstruction is the consequence.

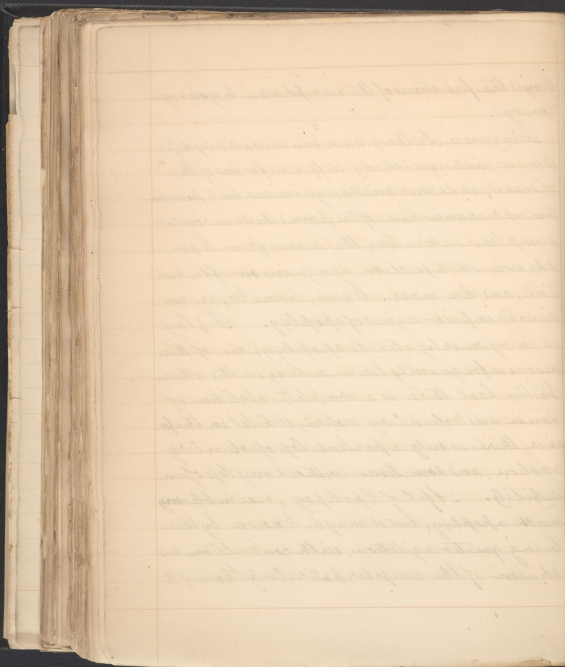
3rd Debility of the vital powers, or loss of tone of the vessels of the brain, is another cause of congestion.

This doctrine is advocated by Dr Jas. Johnson. I cannot better explain its principle, than by quoting the following paragraph from his review of Cooke on apoplexy, "We know that the vessels of the brain, and every other part of the body, are endowed with vital and elastic powers, calculated to confine the blood in its proper

channels, without any assistance from the parts which these vessels traverse. But what is the consequence when, from any cause, these vital or tonic powers of the vessels in the brain are diminished? why, they immediately swell; and consequently press upon the brain — or burst, and extravasate their contents — or suffer the serous portion of the blood to exude; in which last two cases, the pressure is more local, than in the first." Concussion ~~often~~ a blow on the skull probably acts by producing this debility of the vessels, and also a depending position of the head. The above mentioned writer very ingeniously observes, "on this principle we can explain why the symptoms of this formidable disease often vanish suddenly by a restoration of the balance of the natural and vital power in the vessels of the brain, before these vessels have given way or poured out their serous contents, or before their turgescence has dis-

stroyed the functions of the encephalon beyond recovery".

Diagnosis. Authors have enumerated symptoms as distinguishing different forms of this disease, as serous and sanguineous, but, post mortem appearances have often proved them incorrect; symptoms indicating the serous form have shewn on dissection sanguineous effusion, and vice versa. Barus, Coma &c, are considered inferior degrees of apoplexy. Paralysis is very nearly allied to apoplexy; one of these diseases frequently terminating in the other. In the last there is a complete abolition of sense and voluntary motion; whilst in the former there is only a partial loss of voluntary motion, and sometimes without any loss of sensibility. A fit of Epilepsy, resembles very much apoplexy, but it may be known by there being greater agitation, with convulsion and spasm of the muscles, particularly those of the



17
face, much foaming at the mouth, the paroxysm passing off sooner than it does in apoplexy, leaving the body its prestine state; by its attacking principally young subjects, and by the absence of stertor in epilepsy.

Intoxication is known from apoplexy, by the smell of the breath, the pouting of the upper lip &c. Syncope and Asphyxia are known by the action of the heart and respiration being principally affected.

Prognosis. Apoplexy occasionally terminates immediately, in health or death, but most commonly, it lasts for some hours, and sometimes days, Dr Cooke "believes that it seldom destroys life in less than one or two hours." He is of opinion, that many sudden deaths attributed to apoplexy, depend upon some affection of the heart, or rupture of some blood vessel, larger than those of the brain. Recoveries are generally slow, and attended by loss of speech, of eye sight, and of memory; im-

facility of mind frequently attends convalescence. The favourable indications are, a red face, a quick uninterrupted circulation, with a general and warm perspiration; easy respiration; coming on epistaxis; the hæmorrhoidal and menstrual discharges; spontaneous ptyalism; free flow of urine, and alvine evacuations. Unfavourable symptoms are astertorous respiration, becoming slow and interrupted; foaming at the mouth; pulse weak, slow and interrupted; the pupil dilated or contracted, the latter is particularly unfavourable; inequality of animal temperature, pale nape of the face; the breaking out of cold clammy sweat, convulsions &c. The degree of danger is influenced by the circumstances of there being congestion in the vessels of the brain, or the extravasation of blood &c. It was believed by some that recovery never took place after extravasation. This opinion is proved to be incorrect, but there is a difference of opinion in what way it is disposed of; Mr Cooper

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says that the blood is never absorbed, but that the brain gradually acquires the power of bearing its pressure.

Others say it is removed. According to them the coagulum becomes encysted in the first place, then this cyst secretes a fluid which liquefies the blood and finally the whole is absorbed.

The annexed paragraph is from Cooke on apoplexy; "In those cases, in which the disease comes on gradually, and with symptoms warning us of its approach, I should in the generality of cases suspect the cause to be either blood poured out slowly from a small vessel, or serum gradually effused. In either case, if the effusion goes on, the full apoplexy may be produced; but it is difficult to conceive how serum should be effused so quick, as to produce the sudden disease; and, in fact, as far as I have been able to compare symptoms with appearances on dissection, the sudden apoplexy seems always more or less connected with an effusion of blood.

Treatment. From the violence and speedy termination of this disease, it requires from the practitioner prompt and decisive treatment. Blood letting in some shape is the remedy that is chiefly relied on, and it is for the most part universally and imperiously demanded. Dr Brooke says, "he can hardly conceive a case of apoplexy, in which he should be afraid to take away some blood by cupping, by the application of leeches, or opening a vessel in the neighbourhood of the head, with the lancet." It requires discrimination in the application and extent of blood letting. The violence of the case, the age of the patient, the habit of body, and the state of the pulse, are to be taken in consideration. Called to a case of apoplexy, having the patient placed with the head and shoulders in an elevated position, in a well ventilated apartment, his body divested, in every of anything that can give compression, the physician commences his operations, guided by the cir-

circumstances just mentioned, by taking away blood, ei-
 ther from the temporal artery, the jugular vein,
 or from the arm. Some preferring one, and some
 another; but in whatever way, it is generally the
 object to take it suddenly, and for this purpose
 occasionally a vein is opened in each arm. In
 some cases however it is necessary to take blood
 gradually and in a small quantity, as a large
 bleeding would extinguish life. Some times
 a small bleeding will do, but generally large
 and repeated ones are demanded; thirty or forty
 ounces is mentioned as being generally required.
 As much as six to ten pounds is related to have
 been taken with advantage. Local bloodlet-
 ting is of great use; cupping is preferred to lee-
 ching. Remedies denominated revellants are found
 usefull auxiliaries, as the application of blisters to
 the head, neck, or extremities and sinapisms and
 other stimulating applications to different
 parts of the body. Cold applications to

the scalp, are, sometimes of great advantage;

Vomiting is recommended by some practitioners, but entirely prohibited by others, as being a dangerous remedy. Its advocates use it differently. Some recommend it after bloodletting is carried as far as it is safe, to give an emetic, to excite the vis medicatrix naturæ. Others think it more particularly adapted to the serous form of the disease. It may probably be adapted to both cases, but its chief indication, is in cases where the disease has taken place immediately after a full meal of irritating and indigestible substances. It is recommended in all cases to precede the emetic by venesection. As Emetics the *Speccuanda*, the blue and white vitriols are preferred.

Cathartics are universally prescribed, and are given, as soon as the patient can be made swallow. They are resorted to with a view to their repellent effect, as well as to cleanse the bowels of the acids that may be in them. The drastic ca-

thartics are used, as calomel, combined with iatrum,
alors &c. Enemas are used when cathartics cannot
be gotten down, or to facilitate their operation.

Stimulants have been used in this disease, and are
recommended by Sydenham in some cases, but they are
generally thought to be equivocal remedies.

When other means fail and the disease continues it
is recommended to produce salivation.

I have in this dissertation endeavour-
ed to give a brief account of apoplexy, incorporating
with it as little of the numerous and conflicting opinions
of the disease as possible.

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writing in this book, and
it is very interesting. I
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